Application or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD Effective January 1, 2003

		Ellect	ive Janua	ary 1, 20	03						
		CLAIMS AS	(Column		(Colur	mn 2)	SMALL E	₹TITY	OR	OTHER SMALL	
TOTAL CLAIMS			10				RATE	FEE	1	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA		BASIC FEE	375.00	OR	BASIC FEE	750.00
TOTAL CHARGEABLE CLAIMS			10 minus 20=		· A		X\$ 9=		OR	X\$18=	
INDEPENDENT CLAIMS			/ ·minus 3 = */		·		X42=			X84=	
MU	LTIPLE DEPEN	IDENT CLAIM P	RESENT				-		OR		-
* If	the difference	in column 1 is	loce than 7	oro onter	"O" in o	olumn 2	+140=		OR	+280=	- 37
- H						olumni z	TOTAL	375	OR	TOTAL	
	С	(Column 1)	MENDE	D - PAR (Colum		(Column 3)	SMALL	ENTITY	OR	OTHER SMALL	
		CLAIMS		HIGH		-teorining		ADDI-	1		ADDI-
AMENDMENTA		REMAINING AFTER AMENDMENT		PRÉVIO PAID I	DUSLY	PRESENT EXTRA	RATE	TIONAL FEE		RATE	TIONAL
NDN	Total	*	Minus	**		=	X\$ 9=		OR	X\$18≈	
WE	Independent	*	Minus	***		-	X42=		OR	X84≈	
	FIRST PRESE	NTATION OF M	ULTIPLE DE	PENDENT	CLAIM		+140=		OB	+280=	sern
							TOTAL			TOTAL	-
							ADDIT. FEE		OR	ADDIT. FEE	
		(Column 1)		(Colum	nn 2)	(Column 3)					
8				HIGH		1		ADDI-	1		ADDI-
		REMAINING AFTER		PREVIO	DUSLY .	PRESENT EXTRA	RATE	TIONAL		RATE	TIONAL
OME	Total	AMENDMENT	Minus	PAID **	FOR		X\$ 9=	FEE		X\$18=	FEE
AMENDMENT	Independent	*	Minus	***		=	-		OR		
	FIRST PRESENTATION OF MULTI		ULTIPLE DE	IPLE DEPENDENT CLA			X42=		OR	X84=	
	- 1						+140=		OR	+280=	
							TOTAL ADDIT, FEE		OR	TOTAL ADDIT, FEE	
		(Column 1)	198 - 1	(Colur		(Cölumn 3)		10			
AMENDMENT C		REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
DW	Total	*	Minus	**		=	X\$ 9≈		OR	X\$18=	
ME	Independent	*	Minus .	***		=	X42=			X84=	
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						7.72		OR		1
	4 Mar	and the large to			**************************************		+140=		OR	+280=	10
	" If the entry in column 1 is less than the entry in column 2, write "0" in column 3. "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."									FOTAL	
**	If the "Highest Nu	mber Previously P	aid For" IN Th	IS SPACE I	s less tha	n 20, enter "20."	ADDIT, FEE		OR	ADDIT FEE	- July